*We are asking for feedback from you about the remote services offered by your provider during COVID-19 in Washington.* *Remote services are services you would have received in-person before, but are now provided virtually through Skype or Zoom or a phone call. Information you share will help us to serve our clients better during this time of social distancing. If you would prefer to provide feedback directly to the county, please contact XXX at XXX-XXXX.*

**Informational Questions:**

1. Did you have help completing this survey? Yes  No

If Yes, who helped you? Select all that apply:

Parent/Support Person

Legal Guardian

Supported Living Staff

Other, please describe: Click or tap here to enter text.

1. County service you are receiving:

Individual Employment

School-to-Work

Group Supported Employment

Community Inclusion

1. Employment or Community Inclusion Provider: Click or tap here to enter text.
2. Which of the following best represents your race (select all that apply)?

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latinx

Multiracial

Native Hawaiian/Other Pacific Islander

White

Other: Click or tap here to enter text.

Prefer not to say

**Client Satisfaction Questions:**

1. Prior to the start of COVID-19 in Washington, how many times did you meet with or talk to your provider each month? Click or tap here to enter text.
2. Since the start of COVID-19 in Washington, how many times have you met with or talked to your provider each month? Click or tap here to enter text.
3. Do you agree or disagree with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Satisfaction Questions** | Strongly Agree  Happy face giving thumbs up | Agree  Thumbs up | Neutral  Face with neutral expression | Disagree  Thumbs down | Strongly Disagree  Unhappy face giving thumbs down |
| I was actively participating in Employment or Community Inclusion activities (for example, attending job training, coaching, employment, community activities) **PRIOR** to COVID-19 in Washington. |  |  |  |  |  |
| I have been actively participating in Employment or Community Inclusion activities (for example, attending job training, coaching, employment, community activities) in person or virtually **since the start** of COVID-19 in Washington. |  |  |  |  |  |
| I was happy with my Employment or Community Inclusion services **PRIOR** to COVID-19 in Washington. |  |  |  |  |  |
| I am happy with my Employment or Community Inclusion services **since the start** of COVID-19 in Washington. |  |  |  |  |  |

1. How are you receiving services virtually now that you cannot meet in-person with your provider due to COVID-19? (select all that apply)

Skype

Zoom

Telephone calls

Other: Click or tap here to enter text.

I am no longer receiving services with my provider

1. I have all the things I need in order to receive services virtually from home or at work, like a phone, a computer, or internet. Yes  No

If no, what other things would be needed in order for you to receive services virtually either at home or at work?

Click or tap here to enter text.

1. Do you agree or disagree with the following statement:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Satisfaction Question** | Strongly Agree  Happy face giving thumbs up | Agree  Thumbs up | Neutral  Face with neutral expression | Disagree  Thumbs down | Strongly Disagree  Angry face giving thumbs down |
| I am happy with the services I now receive virtually, through Skype or Zoom or phone calls. |  |  |  |  |  |

1. What have you liked about the services you are receiving virtually, for example, through Skype, Zoom or phone calls? Click or tap here to enter text.
2. What have you not liked about these services? Click or tap here to enter text.
3. Do you or your support team have any ideas about how these services could be better? Click or tap here to enter text.

# **Optional Contact Information:**

If you would like someone to follow up with you about your feedback, please include your name and contact information below. You can also leave this information blank if you do not feel comfortable sharing your name.

1. Name of person receiving services: Click or tap here to enter text.
2. Client or guardian/support person contact information (optional): Click or tap here to enter text.